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CONFIRMATION NO. 6609

Bib Data Sheet

SERIAL NUMBER 10/696,103	FILING DATE 10/29/2003 RULE	CLASS 165	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. DP-310502
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\* *None* TW

\*\* FOREIGN APPLICATIONS \*\*\* *None* TW

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	4	20	2

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## TITLE

End cap with integral partial reinforcement

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